

Little Explorers Family Day Care



APPLICANT INFORMATION (please print):

Child's Name _____ Gender _____
First Name Middle Name Last Name

Home Address _____ City _____ Zip _____

Home Telephone (____) _____ Cell Phone (____) _____

Parent's E-mail Address: _____

Child's Birthday (MM/DD/YYYY) _____ Place of Birth _____

Medical Information/ Concerns:

List and describe any allergies, medical, or health concerns that affect your child _____

List medications that your child takes on a regular basis _____

Has your child been diagnosed with any type of special needs? Y / N

Please Identify: _____

Has your child been assessed for (Please Circle):

Occupational Therapy Vision Hearing
 Speech & Language ADHD PDD Other: _____

FAMILY INFORMATION: (Please Circle)

Child lives with:

Both Natural Parents Mother Only Father Only

Parents Have Joint Custody Parent/Step-Parent Guardian

If there is a custody agreement, court-order, visitation agreement, or any other legal issue, please explain: _____

- *Please understand that if your child is placed in our child care, a copy of the legal document must be submitted to the Director upon enrollment.*

Primary Language Spoken at Home: _____

Secondary Language: _____

Is your child fluent in English? Yes _____ No _____

Ethnicity of Child (optional): _____

FATHER: _____

First Name Middle Name Last Name

Address: _____ City _____ Zip _____

Primary Contact Telephone (____) _____ Work Telephone (____) _____

Occupation _____ E-mail Address _____

Religion/ Faith _____ Birthplace _____

Mother: _____

First Name Middle Name Last Name

Address: _____ City _____ Zip _____

Primary Contact Telephone (____) _____ Work Telephone (____) _____

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Occupation _____ E-mail Address _____
 Religion/ Faith _____ Birthplace _____

Guardian: _____
First Name Middle Name Last Name

Address: _____ City _____ Zip _____

Primary Contact Telephone (____) _____ Work Telephone (____) _____

Occupation _____ E-mail Address _____
 Religion/ Faith _____ Birthplace _____

What schedule are you interested in? (Please Circle)

Schedule		
Full time	M-F	7-6pm
Part time	MWF	7-6pm
Part time	T/TH	7-6pm
Half day	M-F	7-1pm
Half day	MWF	7-1pm
Half day	T/TH	7-1pm
After School Full time	M-F	2-6pm
After School Part time	MWF	2-6pm
After School Part time	T/TH	2-6pm

Other (We will try to accommodate your needs): _____

Anticipated Start Date: _____

How did you hear about Little Explorers?

When you observed, what aspects of our classroom/ curriculum appealed to you?

Other Comments:
